

EMERGENCY ACTION PLAN **SITE CONTACTS**

This document should be created for each individual site.

Site Name		Site Operator	
Phone		Premises ID	
Address		Directions	

Enter contact person names and phone numbers if applicable.

Rescue		Fire Dept	
Poison Control		Doctor	
Sheriff/Police		Veterinarian	
Insurance		Hospital	
Others			

MANURE SPILL CONTACTS

State Environmental Protection Agency		Earth Moving	
Pumping		Hauling	
Equipment		County Engineer	
Others			

SYSTEM FAILURE CONTACTS

Electricity		Plumbing	
Ventilation		Heating	
Animal Hauling		Feed	
Mortality Disposal		Other	

Date Updated: _____

SAVE

PRINT